Labor Standards Section Form 2

## **Request for Wage Decision**

| Date:         |                                 |
|---------------|---------------------------------|
| То:           | DOC Labor Standards Specialist  |
|               | Grants Management               |
|               | Indiana Office of Rural Affairs |
|               | One N. Capitol, Suite 600       |
|               | Indianapolis, IN 46204-2208     |
| From:         |                                 |
|               |                                 |
|               |                                 |
|               |                                 |
| Grantee:      |                                 |
| Grant Number: |                                 |

## **Project Information**

| Project Title:                            |             |               |
|---|-------------|---------------|
| Project Location (Please Include County): |             |               |
| Project Description:                      |             |               |
|   |             |               |
|   |             |               |
| Type of Construction:<br>(Check Only One) | Building    | Heavy/Highway |
|   | Residential | Other         |
| <b>Estimated Contract Amount:</b>         |             |               |
| Estimated Bid Opening:                    |             |               |
| Estimated Contract Award Date:            |             |               |
| Estimated Construction Start Date:        |             |               |
| Previous Wage Determination Issued:       | Yes         | No            |
| If Yes, Prior Decision Number:            |             | Modifications |